

FILED APR 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11734**
Registrar's No. **3331**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY OR TOWN St. Louis, Missouri	c. LENGTH OF STAY (In this place) 18 days	c. CITY OR TOWN St. Louis	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 8307 Vulcan St.	
3. NAME OF DECEASED (Type or Print) ALEX	a. (First)	b. (Middle) -----	c. (Last) HOSKINS
4. DATE OF DEATH MARCH 27, 1953	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 21, 1872	9. AGE (In years last birthday) 80
5. SEX Male	6. COLOR OR RACE White	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer	11. BIRTHPLACE (City and State or Foreign Country) Carter County, Missouri
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME John Hoskins	13b. MOTHER'S MAIDEN NAME Missouri Robertson	14. NAME OF HUSBAND OR WIFE Minnie
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Minnie Hoskins, 8307 Vulcan St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	19. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Diffuse Pneumonia		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Pneumococci		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized gangrene left leg due to thromboses		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21f. HOW DID INJURY OCCUR? 492x
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
22. I hereby certify that I attended the deceased from 3-10-53 , 19___, to 3-27-53 , 19___, that I last saw the deceased alive on 3-27-53 , 19___, and that death occurred at 5:35P m., from the causes and on the date stated above.			
23a. SIGNATURE Albert E. Stock MD	23b. ADDRESS 1515 Lafayette Avenue	23c. DATE SIGNED 3-28-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE March 30, 1953	24c. NAME OF CEMETERY OR CREMATORY Van Buren, Missouri	24d. LOCATION (City, town, or county) (State) Van Buren, Mo.
DATE REC'D BY LOCAL REG. MAR 30 1953	REGISTRAR'S SIGNATURE J. Chalmers Smith MD	FUNERAL DIRECTOR'S SIGNATURE ADDRESS G. Hoffmeister U. & L. Co. 7814 S. Broadway	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 2679

P. O. Address 7814 1st Blvd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.